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Bib Data Sheet

CONFIRMATION NO. 3475

SERIAL NUMBER 09/244,195	FILING OR 371(c) DATE 02/04/1999 RULE	CLASS 424	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. D6073
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/073,943 02/06/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
02/22/1999

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 14	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS
32425

TITLE

LIVE VACCINE FOR HUMAN IMMUNODEFICIENCY VIRUS

FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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